Revision: HCFA-PM-91- 4 (BPD) Supplement 1 to ATTACHMENT 4.19-B Page 1 AUGUST 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: HAWAII METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment: 1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP". For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below). 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR." 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR". 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

TN No. 91-25			
Supersedes	Approval Date	12/31/91	Effective Date <u>10/01/91</u>
TN No		•	
			HCFA ID: 7982E

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	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SECURITY ACT	
	State/Territory:	HAWAII		
	METHODS AND STAN	DARDS FOR EST. OTHER TYPES	ABLISHING PAYMENT RATES - OF CARE	
1	Payment of Medica	re Part A and	Part B Deductible/Coinsurance	
	N/A			
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TN No. 91	-25 S Approval Da	ate <u>12/31/91</u>	Effective Date10/01/91	